

# DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated. I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **IMPACT ABSORPTION STRUCTURE** and the specification of which: ☐ is attached hereto (\_\_\_\_). (check one) ☒ was filed on March 12, 2004 as (63264). Application No. 10/799,095 and was amended on \_\_\_\_\_

- (c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.
- (d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.
- (e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate listed below or § 365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

Number	PRIOR FOREIGN APPLICATION(S) Country or PCT	Day/Month/Year Filed	PRIORITY CLAIMED	CERTIFIED COPIES INCL.
<input type="checkbox"/>	Additional claims for benefit are attached.		<input type="checkbox"/>	<input type="checkbox"/>

- (f) I hereby Claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No.	Filing Date	Status at Application Filing Date
<input type="checkbox"/>	Additional claims for benefit are attached.	

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to appointed counsel at:

00109

This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Auburn Hills, Michigan 48326, USA  
this 12th day of July, 2004

Signature: [Signature]  
Full Name: Myron J. Maier  
Residence: 3125 Hidden Timber Drive  
Lake Orion, Michigan 48359  
Country: United States of America  
Citizenship: United States of America  
P. O. Address: Same as Residence

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_

Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: Auburn Hills, Michigan 48326, USA  
this 12 day of July, 2004

Signature: [Signature]  
Full Name: Gavin D. Vogel  
Residence: 2915 Brookside, Apt. 307  
Lake Orion, Michigan 48360-2601  
Country: United States of America  
Citizenship: United States of America  
P. O. Address: Same as Residence

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_

Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_



## DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

- I, the undersigned, being a below named inventor, I hereby declare that:  
 (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated.  
 (b) I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **IMPACT ABSORPTION STRUCTURE**  
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**Inventor(s):**

At: Mumbai, Maharashtra, India 400071  
 this 23 day of July, 2014  
 Signature: [Signature]  
 Full Name: Lakshman P. Katakhar  
 Residence: Suprabha, 2163-B-11/6, Sadashiv Pune.  
Maharashtra 411030  
 Country: India  
 Citizenship: India  
 P. O. Address: Same as Residence

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

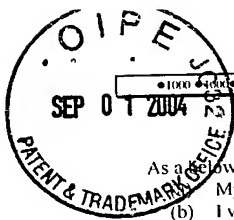
Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: Mumbai, Maharashtra, India 400071  
 this 23 day of July, 2024  
 Signature: Prashant S. Shembekar  
 Full Name: Prashant S. Shembekar  
 Residence: Plot 79, Vyankatesh Apartment,  
Abhyankar Nagar, Nagpur Maharashtra 440010  
 Country: India  
 Citizenship: India  
 P. O. Address: Same as Residence

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
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☐ Additional names and signatures are attached.



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Inventor(s):

At: x Mumbai  
this 16 day of x AUGUST, 2004

Signature: x Srinivasan Velusamy  
Full Name: Srinivasan Velusamy  
Residence: Old No. 65, New No. 25 V.O.C. Street,  
Kollampalayam Erode-638002, Tamil Nadu  
Country: India  
Citizenship: India  
P. O. Address: Same as Residence

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
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